

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 days  
(Specify whether  
In this community 40 yrs  
years, months or days)

8. (a) Primary Ann Back 200  
FULL NAME

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 14, 1841  
(Month) (Day) (Year)

8. AGE: Years 99 Months -- Days 22 If less than one day hr. min.

9. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Paul Beck

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Freeman

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold Beck

(b) Address 9272 Breckenridge, Overland

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/8/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Herrick, Illinois

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 8 1940 (Date received local registration) (b) J. J. Beck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 8  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11190 Riverview Drive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured right femur  
Arteriosclerosis suffered in  
fall at home at Riverview  
11190 Riverview Drive on  
April 18 1940 about 7:40 PM  
Died at \_\_\_\_\_  
Died at \_\_\_\_\_

Other conditions (Include pregnancy within 1 month of death)

Major findings: Of operations 1848

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 18 1940

(c) Where did injury occur? St Louis MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work (Specify type of place) (a) Means of injury fall

23. Signature Alfred Beck (M. D. or other)

Address Deputy Coroner Date signed 5-8-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. W. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**